



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL /SC**

ADDRESS OF BUSINESS: **26260 BOUQUET CYN RD, SANTA CLARITA, CA 91350**

TELEPHONE: **(661) 255-0585**

OWNER OF BUSINESS: **SU YONG JEON**

CAL. DR. LIC.#: **[REDACTED]**

NAME OF PERSON FINGERPRINTED: **SU YONG JEON**

FICTITIOUS NAME: **BEST MESSAGE**

MAILING ADDRESS: **26260 BOUQUET CYN RD, SANTA CLARITA, CA 91350**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	06/19/15	ddo
<input checked="" type="checkbox"/> 4. Fire Department	YES	07/21/15	tchen
<input checked="" type="checkbox"/> 5. Public Health	YES	06/21/16	nlove
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	09/24/15	tchen
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	06/19/15	ddo
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	06/24/16	tchen
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	09/24/15	tchen
<input type="checkbox"/> 14. Emergency Medical Services			

Conditions:



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ 2158.00

8430
ID # 142440

BUSINESS INFORMATION

Type of Business: <u>Message Parlor General</u>	Address of Business: <u>26260 Bouquet Canyon Rd</u>	
DBA (Business Name): <u>BEST MASSAGE</u>	Business Telephone: <u>661-265-0585</u> <u>Santa Clarita CA 91350</u>	
Sellers Permit # (State Board of Equalization):	Mailing Address: <u>26260 Bouquet Canyon Rd</u> <u>Santa Clarita CA 91350</u>	
Business Ownership Structure: Single Owner <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation:	Incorporated in the State of:	
Exact Corporate Name:		
Names of Officers	Addresses	Titles

APPLICANT INFORMATION

Applicant's Full Name: <u>Su Yong Jeon</u>		
Home Address: [REDACTED]		
Home Telephone:	Cell Phone:	Email address:
[REDACTED]	[REDACTED]	[REDACTED]
Social Security #:	Date of Birth:	Place of Birth:
[REDACTED]	[REDACTED]	[REDACTED]
Driver's License or State ID#:	Expiration Date:	
[REDACTED]	[REDACTED]	
Male <input type="checkbox"/> Female <input type="checkbox"/>	Height <u>[REDACTED]</u>	Weight <u>[REDACTED]</u> Hair Color <u>[REDACTED]</u> Eye Color <u>[REDACTED]</u>

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 6/14/2015 Applicant's Signature: [Signature]

Application taken by: llb Date: 6-15-15

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MESSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 26260 BOUQUET CYN RD, SANTA CLARITA, CA 91350

TELEPHONE: (661) 255-0585

OWNER OF BUSINESS: SU YONG JEON

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: BEST MESSAGE

MAILING ADDRESS: 26260 BOUQUET CYN RD, SANTA CLARITA, CA 91350

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

BUILDING & SAFETY

SANTA CLARITA

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

*We recommend approval
at this time.*

SIGNATURE:

O. Hammer

DATE:

6/19/15

07/06/2015 MON 10:40 FAX 5612861134 --- Linda Trejo

0002/002

07/04/2015 0:02 FAX
06/30/2015 TUE 10:15 FAX 5612861134 --- FS 126

0001/0001
0007/011

3232637142

08:14:06 a.m. 08-29-2015

16/20

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE
APPLICATION REFERRAL

126

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL/SC

ADDRESS OF BUSINESS: 26260 BOUQUET CYN RD, SANTA CLARITA, CA 91350

TELEPHONE: (661) 255-0585

OWNER OF BUSINESS: SU YONG JEON

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: BEST MASSAGE

MAILING ADDRESS: 26260 BOUQUET CYN RD, SANTA CLARITA, CA 91350

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR NEW LICENSE

FIRE DEPARTMENT
LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

SIGNATURE

DATE

7/3/15

BASIC LICENSE NO. 3430

DATE 06/19/15

IDENTIFICATION NUMBER 142440



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

SR0073970



BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 26260 BOUQUET CYN RD, SANTA CLARITA, CA 91350

TELEPHONE: (661) 255-0585

OWNER OF BUSINESS: SU YONG JEON

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: BEST MESSAGE

MAILING ADDRESS: 26260 BOUQUET CYN RD, SANTA CLARITA, CA 91350

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

PUBLIC HEALTH
LA COUNTY



APPROVAL



DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: _____

BASIC LICENSE NO. 8430

DATE 01/20/16

IDENTIFICATION NUMBER 142440

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 26260 BOUQUET CYN RD, SANTA CLARITA, CA 91350

TELEPHONE: (661) 255-0585

OWNER OF BUSINESS: SU YONG JEON

CAL. DR. LIC.# : [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: BEST MESSAGE

MAILING ADDRESS: 26260 BOUQUET CYN RD, SANTA CLARITA, CA 91350

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**REGIONAL PLANNING
SANTA CLARITA**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: approval for massage parlor. OTCIS-948

SIGNATURE: [Signature]

DATE: 6/22/15

BASIC LICENSE NO. 8430

DATE 06/19/15

IDENTIFICATION NUMBER 142440

V

15. 00746

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL/SC**

ADDRESS OF BUSINESS: **26260 BOUQUET YCN RD, SANTA CLARITA, CA 91350**

TELEPHONE: **(661) 255-0585**

OWNER OF BUSINESS: **SU YONG JEON**

CAL. DR. LIC.#: **[REDACTED]**

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **BEST MASSAGE**

MAILING ADDRESS: **26260 BOUQUET CYN RD, SANTA CLARITA, CA 91350**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

SHERIFF FINGERPRINT

LA COUNTY

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: _____

Approved

SIGNATURE: _____

WV 536470

DATE: _____

9/24/15